

*Final*  
*8/03*

MEMORANDUM OF UNDERSTANDING  
BETWEEN  
INDIANA STATE DEPARTMENT OF HEALTH  
AND  
INDIANA OFFICE OF MEDICAID POLICY AND PLANNING  
FOR DATA SHARING

I. PURPOSE

This Agreement is made and entered into by the Indiana State Department of Health (ISDH) and the Indiana Office of Medicaid Policy and Planning (OMPP) for the purposes of defining responsibilities and strengthening interrelationships, as well as maximizing efficiencies and coordination between the parties in the administration of:

- 1) Programs administered by the ISDH, which include Maternal and Child Health Services (MCH); the Children's Special Health Care Services Program (CSHCS); the Indiana Childhood Lead Poisoning Prevention Program (ICLPPP); the Indiana Family Helpline (IFHL); the Supplemental Food Program for Women, Infants and Children (WIC), the Vaccines for Children Program (VFC) administered by the ISDH; the Indiana Cancer Registry; Vital Records; Communicable Disease Reporting; and Chronic Disease Reporting; and
- 2) The Indiana Health Coverage Programs (IHCP) administered by OMPP, which include the 590 program, traditional Medicaid, Medicaid Select, Home and Community-Based Waivers, and Hoosier Healthwise. For purposes of this Agreement, the responsibilities outlined do not apply to the 590 program. Hoosier Healthwise provides health care to children, low-income families, and pregnant women and consists of the federal-state-funded programs of Medicaid and the Children's Health Insurance Program (CHIP). Hoosier Healthwise consists of fee-for-service, Primary Care Case Management (PCCM) and Risk-based Managed Care (RBMC) delivery systems.

**ISDH and OMPP enter into this Agreement to:**

1. promote high quality health care and services for program members;
2. comply with applicable State and federal statutes, regulations, and guidelines, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA);
3. specify the reimbursement and financial arrangements applicable in carrying out agreed upon administrative activities;
4. assist local communities in developing cooperative relationships among local agencies and local providers;
5. minimize service delivery duplication and fragmentation;
6. promote timely sharing of programmatic data to support the business needs of the agencies and to support the evolving role of State government in assuring appropriate, accessible, cost-effective care for vulnerable populations; and
7. improve the health status of Indiana residents by assuring early intervention and the provision of preventive services, health examinations, and necessary treatment and follow-through care.

## II. AUTHORITY

This Agreement is written in accordance with and pursuant to 42 CFR 431.615 and with current federal policy regarding Title XIX, and Title XXI coordination and interagency agreements.

The ISDH and OMPP have agreed and do hereby enter into this cooperative Agreement according to the provisions set out herein. Addenda to this Agreement contain detailed explanations of the services offered by specific programs and responsibilities of each party to the Agreement.

## III. SCOPE OF SERVICES

### A. Coordination

#### **ISDH and OMPP mutually agree to:**

1. Work collaboratively to improve the health of Indiana residents served by the ISDH or OMPP.
2. Work collaboratively to improve the availability and quality of comprehensive health care and nutritional services provided for women, infants, and children, children with special health care needs, adolescents, and families from both agencies.
3. Assure that Title V, Title XIX, Title XXI, and WIC services are consistent with the needs of the participants and the programs' objectives and requirements.
4. Coordinate program initiatives to avoid duplication of efforts among agency programs. These coordination activities include: policy development and development of care standards; standardization of periodicity schedules where possible; provision of special programs, care coordination, quality initiatives, and data collection; and appropriate staff training
5. Assign staff for coordination and planning activities and maintain representation on subcommittees, task forces, or ad hoc groups to assure coordination of collection of data.
6. Work collaboratively in the development of mutually acceptable member and population objectives and outcome measures to be tracked on a routine basis.
7. Share and review results of any study or analysis based on shared IHCP, Title V, WIC, ICLPPP, or VFC participant data with designated staff prior to public release, within mutually acceptable time frames and in accordance with HIPAA regulations.
8. Consult regarding the integration of public health services into the managed care programs and disease management programs for members covered by OMPP programs.
9. Collaborate to maximize State resources in maintaining compliance to HIPAA.
10. Coordinate administrative reimbursement for blood-lead testing and related supplies for Medicaid enrollees.

**ISDH agrees to:**

1. Develop and monitor ISDH service policies and quality of care assessment activities that include establishing professionally recognized protocols and standards of care, personnel standards, and tracking systems for programs receiving reimbursement from OMPP under this Agreement.
2. Review and provide comment to proposed managed care contract elements, disease management programs, vendor selection and negotiations, and participate in ongoing monitoring of compliance upon request by OMPP.
3. Inform local MCH, WIC, and CSHCS offices and local health departments of this Agreement and of the responsibilities of the local program staff affected by this Agreement.

**OMPP agrees to:**

1. Furnish the ISDH with updated listings of enrolled IHCP providers.
2. Consult, as needed, with the ISDH to receive input on public health care issues relevant to managed care program and disease management services.
3. Inform the county DFC office of the establishment of this Agreement and of the responsibilities of the county department personnel as affected by this Agreement.
4. Inform the contracted providers of the establishment of this Agreement and of the responsibilities of the contracted providers as affected by this Agreement.

**B. Confidentiality**

**ISDH and OMPP mutually agree to:**

1. Comply with all applicable State and federal laws, regulations, and rules regarding confidentiality of participant information, assuring that information is disclosed only for purposes of activities necessary for administration of the respective program(s) and for audit and examination authorized by law.
2. Establish appropriate administrative, technical, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized use or access to it. This may include the development of a team of staff from each agency assigned to match records or individuals served by both agencies and to assign a unique identifier to each individual for tracking services across multiple programs. The identifier must be developed in such a way that it cannot be used to provide a name-linked identification of an individual outside the data sharing described in this agreement.

C. Data Sharing

**ISDH and OMPP mutually agree to:**

1. Work together to improve the State's capacity to integrate data, link data files, and to utilize program data to improve program administration and outcomes for women, infants, children, adolescents, and families.
2. Work collaboratively in the development of performance measures that rely on linked data as a means of better understanding the needs of vulnerable populations and targeting resources to them more effectively.
3. Collaborate among programs to guide the permissible sharing and dissemination of data for program administration, policy development, and to carry out the responsibilities listed in this Agreement.
4. Implement processes to ensure data sharing requests are in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and applicable State and federal statutes, regulations, and guidelines.
5. Assign specific program designees to accept and coordinate all data requests from each respective agency in accordance with individual program procedures and protocols.
6. Provide specific agreed upon program data necessary for program monitoring and evaluation and to fulfill applicable reporting requirements and funding proposals. Provide necessary support in obtaining such data. (Please refer to Appendices for data details.)

**ISDH agrees to:**

1. Work collaboratively by providing, in compliance with HIPAA regulations, the necessary client data files and vital records data on a mutually acceptable schedule to facilitate client care administration and to permit matching of population-based and other programmatic data files for evaluation purposes.
2. Cross-match, through applicable data systems, computerized participant files from IHCP, WIC, and ICLPPP to generate lists of newly enrolled prenatal members and children under five (5) years of age who are not participating in the WIC Program or ICLPPP to increase service coordination efforts.
3. Provide data and information through standard reports about Indiana population-based health care assessments on access, health status, and progress in meeting the U.S. Department of Health and Human Services *Healthy People 2010: National Health Promotion and Disease Prevention Objectives* selected by the ISDH as priority initiatives.
4. Collaborate with IHCP to determine joint outcome indicators and objectives to be evaluated regularly.

**OMPP agrees to:**

1. Work collaboratively by providing, in compliance with HIPAA regulations, the necessary client data files on a mutually acceptable schedule to facilitate client care administration and to permit matching of population-based and other programmatic data files for evaluation purposes.

2. Provide specified demographic data and program activity summaries regarding populations served by Title V programs necessary to fulfill Title V federal reporting requirements and to track MCH-related U.S. Department of Health and Human Services *Healthy People 2010: Health Promotion and Disease Prevention Objectives* within time frames established by the ISDH and OMPP.
3. Make available each month to the WIC-contracted computer firm the names of pregnant women and children under age five who are newly certified for IHCP to be used for eligibility determination.

D. Reimbursement

**ISDH and OMPP mutually agree to:**

1. Establish a mutually agreeable methodology and protocols for receiving federal financial participation for approved costs incurred by the ISDH in sharing data.
2. Maintain and/or provide documentation of financial data and monitoring of records required to support program reimbursement.
3. Implement procedures to track, collect, or disseminate payments.
4. Provide assistance and information to resolve issues relating to billing and reimbursement for the cost of sharing data.

**ISDH agrees to:**

1. Provide required financial and statistical data to document costs of data sharing activities.
2. Maintain and furnish upon request appropriate records and data as necessary or required by OMPP to document requested reimbursement for data sharing activities to assure that the OMPP will be able to collect federal match dollars. Such documentation shall be maintained for a period of three years, unless an audit is in progress, in which case, records shall be retained until final resolution occurs.
3. Conduct internal auditing to ensure accurate submission of claims for data sharing activities.
4. Contribute the state match for federal reimbursements for ISDH-operated programs claimed under this Agreement for administrative activities.

**OMPP agrees to:**

1. Provide timely reimbursement for costs of agreed to data sharing activities allowable under federal regulations.

**IV. ESSENTIAL TERMS AND CONDITIONS**

**A. Liaison Responsibilities**

The State Health Commissioner and the Director of the OMPP shall designate contact persons for purposes of regular communication or inquiries between the agencies regarding each agency's responsibilities under this Agreement.

The liaison persons shall oversee the investigation of any problem that arises from the operation of this Agreement. They shall mutually conduct an annual review of the effectiveness of the Agreement and shall initiate jointly any amendments to the Agreement.

**B. Dispute Resolution**

The parties to this Agreement shall cooperate and act in good faith in carrying out the responsibilities under this Agreement. Should any disputes/problems arise; the parties will attempt to resolve the differences immediately. If the parties are unable to agree on a resolution, the matter is submitted to the Commissioner of the Indiana Department of Administration or the Governor's Health and Human Services Assistant.

**C. Amendment and Termination**

This Agreement may be modified only by written amendment executed mutually by the ISDH and OMPP and approved by the State Health Commissioner or the Commissioner's designee and the Director of OMPP or the Director's designee. Either party may terminate this Agreement through written notice to the other, at least thirty (30) days prior to the effective date of such termination.

**D. Agreement Period**

The term of this Agreement shall commence upon the August 15, 2003 and shall remain in effect until terminated or modified as provided for within this Agreement.

## APPENDIX 1

### Medicaid, SCHIP, and EPSDT Enrollment

Information	Description
Description of Information to be Shared:	This is summary data of enrollment counts, eligibility counts, limited demographics of individuals in Medicaid, State Children's Health Insurance Project (SCHIP), or Early and Periodic Screening, Detection, and Treatment (EPSDT) program.
Data Source:	OMPP enrollment data records and claims data
How Data will be Shared:	OMPP will provide a file in structure format to ISDH, Maternal and Child Health Division.
Data Elements:	<ol style="list-style-type: none"> <li>1. Number of Medicaid enrollees whose age is less than one year at the end of the most recently completed state fiscal year.</li> <li>2. Unduplicated number of Medicaid enrollees during the most recently completed state fiscal year who had at least on initial or periodic screen.</li> <li>3. Number of SCHIP enrollees whose age is less than one year at the end of the most recently completed state fiscal year.</li> <li>4. Unduplicated number of SCHIP enrollees during the most recently completed state fiscal year who had at least one initial or periodic screen.</li> <li>5. Total number of EPSDT eligible children (whether enrolled or not) aged 6 through 9 receiving any dental health service in the most recently completed state fiscal year.</li> <li>6. Total number of EPSDT eligible children (whether enrolled or not) aged 6 through 9 at the end of the most recently completed state fiscal year.</li> <li>7. Number of children aged 1 through 21 years who have received a service paid by Medicaid during the most recently completed state fiscal year.</li> <li>8. Number of children aged 1 through 21 years who are potentially eligible for Medicaid (whether enrolled or not) at the end of the most recently completed state fiscal year.</li> <li>9. Percent of poverty level for eligibility in Medicaid and SCHIP as of current calendar year in the categories infants (less than one year), Children (1 – 19 years), and pregnant women.</li> </ol>

	<p>10. All children aged 0 through 19 years enrolled in Medicaid, broken down by race (white; Black; American Indian or Native Alaskan; Asian; Native Hawaiian or other Pacifica Islander; More than one race reported; other/Unknown; Total all races).</p> <p>11. All children aged 0 through 19 years enrolled in SCHIP, broken down by race (white; Black; American Indian or Native Alaskan; Asian; Native Hawaiian or other Pacifica Islander; More than one race reported; other/Unknown; Total all races).</p> <p>12. All children aged 0 through 19 years enrolled in Medicaid, broken down by ethnicity (Total Hispanic or Latino; Total Not Hispanic or Latino; Ehtnicity Not Reported).</p> <p>13. All children aged 0 through 19 years enrolled in SCHIP, broken down by ethnicity (Total Hispanic or Latino; Total Not Hispanic or Latino; Ehtnicity Not Reported).</p>
Frequency of Data Sharing:	OMPP will provide the data annually.
Confidentiality Provisions:	These are publicly available, non-identifying data.
Limitations on Use:	None
Other Considerations:	1. The ISDH needs complete counts but can operate with sample data until complete counts are available each year from OMPP.

## APPENDIX 2

### Medicaid Cancer Discharge Data

Information	Description
Description of Information to be Shared:	This is a data file of specific information for Medicaid enrollees who have a cancer diagnosis (see list below) on any Medicaid billing form.
Data Source:	Medicaid billing data (U.B. 92, HCFA Form 1500) from EDS
How Data will be Shared:	Medicaid will arrange for EDS to prepare a data file in an agreed to format. EDS will send the file to the ISDH through an agreed to method.
Data Elements:	<ol style="list-style-type: none"> <li>1. Patient Name</li> <li>2. Date of Birth</li> <li>3. Social Security Number (optional)</li> <li>4. Gender</li> <li>5. Race</li> <li>6. Ethnicity</li> <li>7. Residence zip code</li> <li>8. State of residence</li> <li>9. County of residence</li> <li>10. Date of encounter involving cancer diagnosis</li> <li>11. Procedures done (billed) during the encounter (e.g., hospital admission, surgery, chemotherapy, radiation therapy, hospice, other)</li> <li>12. Provider billing for service</li> </ol>
Frequency of Data Sharing:	Monthly
Confidentiality Provisions:	The ISDH may use the data to contact a provider regarding required reporting to the Cancer Registry.
Limitations on Use:	The use of the data will be governed by limitations in IC 16-38-2.
Other Considerations:	<p>The following cancer diagnoses will be included in the data shared from billing data.</p> <p><b>ICD-9-CM CODES TO SELECT FOR MEDICAID LINKAGE TO STATE CANCER REGISTRY RECORDS</b></p> <p><u>ICD-9-CM Diagnostic Codes (from Volume I &amp; II)</u></p> <p>(Pneumocystis carinii) - Optional. Could also</p>

	help HIV/AIDS division identify cases.
	140.0 to 208.9
	<b>NOT</b> 210.0 to 229.9
	230.0 to 234.9
	236.2 Yes, if diagnosed from 1992 to 2000. (ovarian cancers of borderline...) No, if diagnosed from 2001 forward.
	238.4 Yes, if diagnosed from 2001 forward. (polycythemia vera) No, if diagnosed from 1987 to 2000.
	238.6 (plasmacytoma, solitary myeloma)
	238.7 Yes, if diagnosed from 2001 forward. (myeloproliferative, myelodysplastic...) No, if diagnosed from 1987 to 2000.
	273.2 to 273.3
	284.9 Yes, if diagnosed from 2001 forward. No, if diagnosed from 1987 to 2000.
	285.0 Yes, if diagnosed from 2001 forward. (refractory anemia) No, if diagnosed from 1987 to 2000.
	288.3 Yes, if diagnosed from 2001 forward. (hypereosinophilic syndrome) No, if diagnosed from 1987 to 2000.
	289.8 (myelofibrosis)
	748.1
	V07.3
	V07.39
	V10.0 to V10.9

	V58.0 to V58.1
	V66.1 to V66.2
	V67.1 to V67.2
	V76.0 to V76.9
	<u>ICD-9-CM Procedure Codes (from Volume III)</u>
	92.21 to 92.29
	99.25



### APPENDIX 3

#### Medicaid Eligibility File Data

Information	Description
Description of Information to be Shared:	This file will contain name-linked data regarding IHCP enrolled individuals
Data Source:	OMPP enrollment files from ICES
How Data will be Shared:	OMPP will provide direct access to the AIMS enrollment file
Data Elements:	<ol style="list-style-type: none"> <li>1. Recipient ID Number</li> <li>2. Recipient Name (Last, First, Middle Initial)</li> <li>3. City of Residence</li> <li>4. State of Residence</li> <li>5. Zip code of residence</li> <li>6. Social Security Number</li> <li>7. Date of Birth</li> <li>8. Sex</li> <li>9. Race</li> <li>10. County of Residence</li> <li>11. Alien Status Indicator</li> <li>12. Caseworker ID/Name</li> <li>13. Date of Application to Medicaid/ICES</li> <li>14. Date Application Approved or Denied</li> <li>15. Reason for Denial</li> <li>16. Medicaid Program <ul style="list-style-type: none"> <li>• Traditional</li> <li>• QMB</li> <li>• RBMC</li> <li>• PCCM</li> <li>• CHIP</li> <li>• For RBMC <ul style="list-style-type: none"> <li>• HMO Name</li> <li>• Effective Dates</li> <li>• Termination Dates</li> </ul> </li> <li>• For PCCM <ul style="list-style-type: none"> <li>• Assigned MD name and Medicaid provider number</li> <li>• Effective Dates</li> <li>• Termination Dates</li> </ul> </li> </ul> </li> <li>17. Eligibility periods effective and termination dates</li> </ol>

	18. Monthly spend down dollar amount 19. Spend down effective and termination dates 20. Monthly data spend down satisfied 21. Third Party Liability (TPL) information <ul style="list-style-type: none"> <li>• Insurance name</li> <li>• Policy number</li> <li>• Effective date</li> <li>• Termination date</li> </ul>
Frequency of Data Sharing:	Monthly (?)
Confidentiality Provisions:	Data are confidential outside use in this match
Limitations on Use:	Data can only be used to identify individuals who may be eligible for programs in OMPP or ISDH.
Other Considerations:	

## APPENDIX 4

### Communicable Diseases

Information	Description
Description of Information to be Shared:	This is a data file of specific information for Medicaid enrollees who have a communicable disease diagnosis (see list below) on any Medicaid billing form.
Data Source:	Medicaid billing data (U.B.92, HCFA Form 1500) form EDS.
How Data will be Shared:	Medicaid will arrange for EDS to prepare a data file in an agreed to format. EDS will send the file to the ISDH through an agreed to method
Data Elements:	<ol style="list-style-type: none"> <li>1. Patient Name</li> <li>2. Date of Birth</li> <li>3. Social Security Number (optional)</li> <li>4. Gender</li> <li>5. Race</li> <li>6. Ethnicity</li> <li>7. Residence zip code</li> <li>8. State of residence</li> <li>9. County of residence</li> <li>10. Date of encounter involving cancer diagnosis</li> <li>11. Procedures done (billed) during the encounter (e.g., hospital admission, surgery, chemotherapy, radiation therapy, hospice, other)</li> <li>12. Provider billing for service</li> </ol>
Frequency of Data Sharing:	Monthly
Confidentiality Provisions:	The ISDH may use the data to contact a provider regarding required reporting of communicable diseases.
Limitations on Use:	The use of the data will be governed by limitations in IC 16-41-2.
Other Considerations:	<p style="text-align: center;"><b>DANGEROUS COMMUNICABLE DISEASES AND CONDITIONS</b></p> <p>Acquired immuno- deficiency syndrome  Animal bites  Anthrax  Babesiosis  Botulism  Brucellosis  Campylobacteriosis</p>

	Chancroid Chlamydia trachomatis, genital infection Cholera Cryptosporidiosis Cyclospora Diphtheria Ehrlichiosis Encephalitis, arboviral, Calif, EEE, WEE, SLE, West Nile Escherichia coli, infection (including E. coli 0157:H7 and other enterohemorrhagic types) Gonorrhea Granuloma inguinale Haemophilus influenzae invasive disease Hansen=s disease (leprosy) Hantavirus pulmonary syndrome Hemolytic uremic syndrome, postdiarrheal Hepatitis, viral, Type A Hepatitis, viral, Type B Hepatitis, viral, Type B, pregnant woman (acute and chronic), or perinatally exposed infant Hepatitis, viral, Type C (acute) Hepatitis, viral, Type Delta Hepatitis, viral, unspecified Histoplasmosis HIV infection/disease HIV infection/disease, pregnant woman, or perinatally exposed infant Legionellosis Leptospirosis Listeriosis Lyme disease Lymphogranuloma venereum Malaria Measles (rubeola) Meningitis, aseptic Meningococcal disease, invasive Mumps Pertussis Plague Poliomyelitis
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## APPENDIX 5

### Medicaid Eligibility and Expenditures Reports for HIV Program

Information	Description
Description of Information to be Shared:	This file will contain name-linked data regarding Medicaid enrollees with diagnoses code of 042 (HIV INFECT W SPEC COND)
Data Source:	OMPP enrollment and claim files from ICES
How Data will be Shared:	For enrollment, via real-time EDI transaction with ICES database; For expenditures, via monthly extract reports from ICES
Data Elements:	<ol style="list-style-type: none"> <li>1. Recipient ID Number</li> <li>2. Recipient Name (Last, First, Middle)</li> <li>3. City of Residence</li> <li>4. State of Residence</li> <li>5. Zip Code</li> <li>6. County of Residence</li> <li>7. Social Security Number</li> <li>8. Date of Birth</li> <li>9. Gender</li> <li>10. Race</li> <li>11. Marital status</li> <li>12. Caseworker name</li> <li>13. Date of Application</li> <li>14. Program status</li> <li>15. Date approved or denied</li> <li>16. Denial reason</li> <li>17. Eligibility Begin Date</li> <li>18. Eligibility End date</li> <li>19. Termination reason</li> <li>20. Liability</li> <li>21. Aid Category</li> <li>22. Spend down dollar amount</li> <li>23. Spend down effective date</li> <li>24. Spend down Termination date</li> <li>25. Monthly date Spend Down satisfied</li> <li>26. Medicaid Programs <ul style="list-style-type: none"> <li>• TANF (Temporary Assistance for Needy Families)</li> <li>• QMB (Qualified Medicare Beneficiary)</li> <li>• RBMC (Risk Based Management Care)</li> <li>• PCCM (Primary Care Case Management)</li> <li>• CHIP (Child Health Insurance Program)</li> <li>• Hoosier HealthWise</li> <li>• Medicaid Select</li> </ul> </li> <li>27. For expenditure reports, total costs within date range by age, race, sex</li> </ol>

Frequency of Data Sharing:	For enrollment, as often as daily; For expenditures, monthly
Confidentiality Provisions:	All data is strictly confidential and are not to be used outside of the HIV services program
Limitations on Use:	Data can only be used to identify individuals who may be eligible for programs in OMPP or ISDH
Other Considerations:	---

## APPENDIX 6

### Immunization Data

Information	Description
Description of Information to be Shared:	This file would contain specific information for Medicaid and SCHIP enrollees for whom Medicaid has received a bill for immunization services.
Data Source:	Medicaid billing data (U.B. 92, HCFA Form 1500) from EDS.
How Data will be Shared:	Medicaid will arrange for EDS to prepare a data file in an agreed to format. EDS will send the file to the ISDH through an agreed to method.
Data Elements:	<ol style="list-style-type: none"> <li>1. Recipient ID Number</li> <li>2. Recipient Name (Last, First, Middle Initial)</li> <li>3. Social Security Number</li> <li>4. Date of Birth</li> <li>5. Street Address</li> <li>6. City of Residence</li> <li>7. State of Residence</li> <li>8. Zip code of residence</li> <li>9. Sex</li> <li>10. Race</li> <li>11. Ethnicity</li> <li>12. County of Residence</li> <li>13. Medicaid Program <ul style="list-style-type: none"> <li>• Traditional</li> <li>• QMB</li> <li>• RBMC</li> <li>• PCCM</li> <li>• CHIP</li> <li>• For RBMC <ul style="list-style-type: none"> <li>• Managed Care Plan Name</li> <li>• Managed Care Plan ID</li> <li>• Enrollment Date</li> </ul> </li> <li>• For PCCM <ul style="list-style-type: none"> <li>• Assigned Physician name</li> <li>• Assigned Physician Medicaid provider number</li> </ul> </li> </ul> </li> <li>14. Facility ID</li> </ol>
Frequency of Data Sharing:	Monthly
Confidentiality Provisions:	Data are confidential outside use for match against CHIRP.

Limitations on Use:	
Other Considerations:	(see attached hardcopy table)

## APPENDIX 7

### Indiana Childhood Lead Poisoning Prevention Program

- a. Medicaid Eligibility Information for Submitting Claims
- b. Monitoring Follow-up and Surveillance

Information	Description
Description of Information To Be Shared:	<p>a. This is a data link to determine in real time Hoosier Healthwise eligibility of patients screened for lead poisoning. The data link will be established at such time that it is feasible for OMPP and ISDH to complete such work.</p> <p>b. This is a data match (provided the second week of each month) for monitoring and surveillance. Resulting data will also be used to ensure appropriate lead screening and follow-up, and for surveillance activities.</p>
Data Source:	Indiana <i>AIM</i>
How Data Will Be Shared:	<p>a. OMPP will arrange for EDS to develop a data link with ICLPPP.</p> <p>b. OMPP will arrange for a data match (provided the second week of each month).</p>
a. Data Elements OMPP will furnish ISDH for Data Link:	<ol style="list-style-type: none"> <li>1. Patient Last Name</li> <li>2. Patient First Name</li> <li>3. Patient Date of Birth</li> <li>4. Patient Social Security Number (optional)</li> <li>5. Patient Gender</li> <li>6. Patient Race</li> <li>7. Patient Ethnicity</li> <li>8. Patient Street Address</li> <li>9. Patient City</li> <li>10. Patient State</li> <li>11. Patient Zip Code</li> <li>12. Patient County</li> <li>13. Parent/Guardian Last Name</li> <li>14. Parent/Guardian First Name</li> <li>15. Medicaid Number</li> <li>16. Hoosier Healthwise Program <ul style="list-style-type: none"> <li>• RBMC <ul style="list-style-type: none"> <li>* HMO name</li> <li>* Effective dates</li> <li>* Termination dates</li> </ul> </li> <li>• PCCM <ul style="list-style-type: none"> <li>* Assigned MD name and provider number</li> <li>* Effective dates</li> <li>* Termination dates</li> </ul> </li> </ul> </li> </ol>

b. Data Elements ISDH will furnish OMPP for Data Match:	<ol style="list-style-type: none"> <li>1. Patient Last Name</li> <li>2. Patient First Name</li> <li>3. Patient Date of Birth</li> <li>4. Date blood sample taken (service date)</li> <li>5. Medicaid Number (if known)</li> </ol>
Frequency of Data Sharing:	<ol style="list-style-type: none"> <li>a. Data Link - Real-time, on-going</li> <li>b. Data Match – Monthly (provided the second week of each month)</li> </ol>
Confidentiality Provisions	The ISDH may use the data to monitor case management and environmental risk assessments for children with elevated lead levels; to determine and report Hoosier Healthwise screening rates; to bill Hoosier Healthwise and Hoosier Healthwise managed care organizations for laboratory analysis of blood samples; to bill Hoosier Healthwise for case management and environmental risk assessments; and for surveillance.
Limitations on Use	The use of the data will be governed by limitations and requirements of P.L. 99.
Reports	<p>OMPP will furnish ISDH with a monthly report by County listing how many children age 0-6 are enrolled and how many of those children were tested for lead.</p> <p>After completing the data match, OMPP will furnish a list of names, addresses and providers of those children tested for lead during that period who were not in the ISDH data.</p>
Other Considerations:	

## APPENDIX 8

### Vital Records Birth Cohort Data

Information	Description
Description of Information to be Shared:	These data record information about individuals born in Indiana
Data Source:	ISDH Vital Records birth and death certificates
How Data will be Shared:	ISDH will provide a data file in a specified format on the DoIT server/mainframe for OMPP staff to access. This file will contain data for Medicaid recipients only. Medicaid will provide ISDH with a finder file to aid in identifying the Medicaid recipients. A unique identifier will be assigned in order to protect confidentiality with only certain designated employees in ISDH and OMPP having access to de-identify the data for purposes of linking. De-identified person-level data or summary level analysis will be provided to Medicaid for use in comparing the populations.
Data Elements:	<ol style="list-style-type: none"> <li>1. Child's Name</li> <li>2. Time of Birth</li> <li>3. Sex</li> <li>4. Date of Birth</li> <li>5. Facility Name</li> <li>6. City, Town, or Location of Birth</li> <li>7. County of Birth</li> <li>8. Mother's Current Legal Name</li> <li>9. Date of Birth</li> <li>10. Residence of Mother-State</li> <li>11. County</li> <li>12. City, Town, or Location</li> <li>13. Street and Number</li> <li>14. Apt. No.</li> <li>15. Zip Code</li> <li>16. Inside City Limits?</li> <li>17. Father's Current Legal Name</li> <li>18. Date of Birth</li> <li>19. Birthplace</li> <li>20. Mother's Mailing Address</li> <li>21. Mother's Social Security Number</li> <li>22. Father's Social Security Number</li> <li>23. Mother of Hispanic Origin?</li> </ol>

	24. Mother's Race
	25. Father of Hispanic Origin?
	26. Father's Race
	27. Place Where Birth Occurred
	28. Mother Transferred for Maternal Medical or Fetal Indications for Delivery?
	29. Date of First Prenatal Care Visit
	30. Date of Last Prenatal Care Visit
	31. Total Number of Prenatal Visits for this Pregnancy
	32. Mother's Height
	33. Mother's Prepregnancy Weight
	34. Mother's Weight at Delivery
	35. Did Mother get WIC Food for Herself during this Pregnancy?
	36. Number of Previous Live Births
	37. Number of Other Pregnancy outcomes
	38. Cigarette Smoking before and during Pregnancy
	39. Date of Last Live Birth
	40. Date of Last Other Pregnancy outcome
	41. Date Last Normal Menses Began
	42. Risk Factors in this Pregnancy
	43. Onset of Labor
	44. Method of Delivery
	45. Characteristics of Labor and Delivery
	46. Infections Present and/or Treated During this Pregnancy
	47. Maternal Morbidity
	48. Obstetric Procedures
	49. Abnormal Conditions of the Newborn
	50. Congenital Anomalies of the Newborn
	51. Birthweight
	52. Obstetric Estimate of Gestation
	53. Apgar Score
	54. Plurality
	55. If not Single Birth- <i>Born First, Second, Third, etc.</i>
	56. Was Infant Transferred within 24 hours of Delivery? If yes, Name of Facility Infant Transferred to:
	57. Is Infant Living at time of report?
	58. Is Infant being Breastfed?

Frequency of Data Sharing:	Quarterly for Medicaid recipients. Not more than twice a year for general population data or analysis.
Confidentiality Provisions:	No identifying use may be made of the data
Limitations on Use:	<p><b>IC 16-37-1-10</b>  <b>Restrictions on disclosure of data; judicial review; exemption; birth records of adopted children</b></p> <p>Sec. 10. (a) Except as provided in subsection (b), the records and files of the division of the state department concerning vital statistics are subject to this article and rules of the state department. Data contained in the records and files may be disclosed only as follows:</p> <p>(1) The state registrar shall permit inspection of the records or issue a certified copy of a certificate or part of a certificate only if the state registrar is satisfied of the following:</p> <p>(A) That the applicant has a direct interest in the matter recorded.</p> <p>(B) That the information is necessary for the determination of personal or property rights or for compliance with state or federal law.</p> <p>The state registrar's decision is subject to review by the state department or a court under this section.</p> <p>(2) The state department may permit the use of data contained in vital statistical records for research purposes only, but no identifying use may be made of the data.</p> <p>(3) In any extraordinary case that the state registrar determines is a direct tangible and legitimate public interest.</p> <p>(b) The birth record of an adopted child remains subject to the confidentiality provisions of IC 31-19 regarding the release of adoption information.</p> <p><i>As added by P.L.2-1993, SEC.20. Amended by P.L.1-1997, SEC.91; P.L.257-1997(ss), SEC.29; P.L.1-1999, SEC.45.</i></p>
Other Considerations:	



## APPENDIX 9

### ISDH Death Certificate Data

Information	Description
Description of Information to be Shared:	This data includes identifying information needed by OMPP to compare enrollment files with death certificates and remove deceased Medicaid participants from eligibility rolls. Data will also be used to perform healthcare analysis.
Data Source:	ISDH Vital Records death certificates
How Data will be Shared:	<p>ISDH and OMPP will create a file on the Indiana Department Administration, Division of Information Technology mainframe/server. The ISDH will copy death certificate data to that file for access by designated OMPP staff.</p> <p>ISDH and OMPP will establish a procedure for identifying individuals who will have access to the data.</p>
Data Elements:	<p>Data needed for administrative purposes such as purging enrollment files.</p> <ol style="list-style-type: none"> <li>1. Security Number</li> <li>2. Name of the deceased</li> <li>3. Date of death</li> <li>4. Date of birth of deceased</li> <li>5. Gender/sex of the deceased</li> <li>6. Death certificate number</li> <li>7. Address of the deceased</li> </ol> <p>In addition to the data above the following fields will be needed for healthcare analysis:</p> <ol style="list-style-type: none"> <li>1. If Death Occurred in a Hospital</li> <li>2. If Death Occurred other than a Hospital</li> <li>3. Date Pronounced Dead</li> <li>4. Time Pronounced Dead</li> <li>5. Date Signed</li> <li>6. Actual or Presumed Date of Death</li> <li>7. Actual or Presumed Time of Death</li> <li>8. Was Medical Examiner or Coroner Contacted</li> <li>9. Cause of Death</li> <li>10. <i>Part II</i> Enter other significant conditions contributing to death but not resulting in the</li> </ol>

- underlying cause give in Part I
11. Was an Autopsy Performed?
  12. Were Autopsy Findings Available to Complete the Cause of Death?
  13. Did Tobacco Use Contribute to Death?
  14. If Female
  15. Manner of Death
  16. Date of Injury
  17. Time of Injury
  18. Place of Injury
  19. Describe How Injury Occurred
  20. If Transportation Injury, Specify
  21. Decedent of Hispanic Origin?
  22. Decedent's Race

**U. S. Standard Report of Fetal Death**

1. Name of Fetus
2. Time of Delivery
3. Sex
4. Date of Delivery
5. Place Where Delivery Occurred
6. Facility Name
7. Facility ID
8. Mother's Current Legal Name
9. Date of Birth
10. Residence of Mother – State
11. County
12. City, Town, or Location
13. Street and Number
14. Apt. No.
15. Zip Code
16. Initiating Cause/Condition
17. Other Significant Causes or Conditions
18. Weight of Fetus
19. Estimated time of Fetal Death
20. Was An Autopsy Performed?
21. Was a Histological Placental Examination Performed?
22. Were Autopsy or Histological Placental
23. Obstetric Estimate of Gestation at Delivery
24. Mother of Hispanic Origin?
25. Mother's Race
26. Date of First Prenatal Care Visit

	27. Date of Last Prenatal Care Visit 28. Total Number of Prenatal Visits for this Pregnancy 29. Mother's Height 30. Mother's Prepregnancy Weight 31. Mother's Weight at Delivery 32. Did Mother get WIC Food for Herself during this Pregnancy 33. Number of Previous Live Births 34. Number of Other Pregnancy Outcomes 35. Cigarette Smoking Before and During Pregnancy 36. Date of Last Live Birth 37. Date of Last Other Pregnancy Outcome 38. Date Last Normal Menses Began 39. Plurality 40. If Not Single Birth 41. Mother Transferred for Maternal Medical or Fetal Indications for Delivery 42. Risk Factors in this Pregnancy 43. Infections Present and/or Treated 44. Method of Delivery 45. Maternal Morbidity 46. Congenital Anomalies of the Fetus
Frequency of Data Sharing:	The file will be copied at least monthly.
Confidentiality Provisions:	No identifying use may be made of the data.
Limitations on Use:	These data are to be used for the purposes of purging deceased individuals from Medicaid eligibility files.
Other Considerations:	

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IN WITNESS THEREOF, the Office of Medicaid Policy and Planning and the Indiana State Department of Health cause this Agreement to be executed by their authorized agents.

FOR THE OFFICE OF MEDICAID POLICY AND PLANNING:

Melanie Bella

Melanie Bella  
Director, Office of Medicaid Policy and Planning  
Indiana Family and Social Services Administration

8/13/03  
Date

FOR THE INDIANA STATE DEPARTMENT OF HEALTH:

Gregory Wilson, MD

Gregory A. Wilson, M.D.  
State Health Commissioner  
Indiana State Department of Health

8/15/03  
Date

